

Complete Summary

TITLE

Child health: percent of children who received at least one non-HealthCheck, well-child examination or at least one non-HealthCheck, non-well-child encounter in the look-back period (MEDDIC-MS).

SOURCE(S)

Department of Health and Family Services, Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS. Medicaid encounter data driven improvement core measure set. Madison (WI): State of Wisconsin; 2004 Apr. 42 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Access

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Process

Brief Abstract

DESCRIPTION

This measure uses current and previous (if applicable) Health Maintenance Organization (HMO) claims/encounter data to determine the percent of children included in the denominator age cohorts who received at least one non-HealthCheck*, well-child examination or at least one non-HealthCheck, non-well-child encounter in the look-back period.

*Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services are required under federal law for individuals under age 21 years served in the Medicaid program. In Wisconsin, EPSDT services are referred to as HealthCheck.

RATIONALE

The positive effects of well-child services were reported in a study of Medicaid data from three states published in 2001 (Hakim, Bye; Pediatrics; 2001 Jul). Researchers studied children in Medicaid in the first 2 years of life because it is the time of the most intense use of primary care services. According to the authors, frequency of well-child services decreases after age 2.

The study found:

- California had the highest percentage (30%) of children with five or more well-child visits in the two-year study period of the states included, and the lowest rate of avoidable hospitalizations (70/1,000).
- Michigan had the second highest percentage (22%) of children with five or more well-child visits in the study period, and the second lowest rate of preventable hospitalizations (120/1,000).
- Georgia had the lowest percentage (15%) of children with five or more well-child visits in the study period and the highest rate of preventable hospitalizations (160.9/1,000).

The authors concluded that the "association between preventive care and a reduction in avoidable hospitalizations was robust and was consistent across the states and racial and ethnic groups. (Even among children who were not up-to-date with well-child visits, infrequent preventive care visits resulted in a mild benefit.)"

PRIMARY CLINICAL COMPONENT

Child health; access; ambulatory and well-child encounters

DENOMINATOR DESCRIPTION

Medicaid/BadgerCare enrollees in each age cohort (age less than 1 year, 1 to 2 years, 3 to 5 years, 6 to 14 years and 15 to 20 years) continuously enrolled with the same Health Maintenance Organization (HMO) for at least 304 days immediately prior to the measure end date with no more than one gap in enrollment of not more than 45 days. The enrollee must have a total of not less than 259 enrolled days in the look-back period.

NUMERATOR DESCRIPTION

Children included in each denominator age cohort who received at least one non-HealthCheck, well-child examination or at least one non-HealthCheck, non-well-child encounter (i.e., acute illness; non-preventive and not routine physical exam) in the look-back period (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

- A systematic review of the clinical literature

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance
Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 1, 2002 HMO aggregate performance data. Wisconsin Medicaid and BadgerCare programs. Madison (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 31 p.

Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 2, 2002 HMO performance data. Medicaid program data and BadgerCare program data compared. Madison (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 25 p.

Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 3, 2002 HMO-specific performance data. Wisconsin Medicaid and BadgerCare programs. Madison (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 36 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Decision-making by consumers about health plan/provider choice
External oversight/Medicaid
External oversight/State government program
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age less than or equal to 20 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better
Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Both users and nonusers of care

DESCRIPTION OF CASE FINDING

Medicaid/BadgerCare enrollees in each age cohort (age less than 1 year, 1 to 2 years, 3 to 5 years, 6 to 14 years and 15 to 20 years)* continuously enrolled with the same Health Maintenance Organization (HMO) for at least 304 days immediately prior to the measure end date** with no more than one gap in enrollment of not more than 45 days. The enrollee must have a total of not less than 259 enrolled days in the look-back period***

*Age cohort is determined by enrollee age at the measure end date

**Measure end date: The last date by which measured services can be rendered to be included in the measure numerator

Measure data extraction date: The date(s) determined by the department for extraction of data from the data warehouse for the purposes of reporting the measure. This will be at least 182 days after the measure end date.

***Measure look-back period: 365 days from the measure end date

DENOMINATOR SAMPLING FRAME

Enrollees or beneficiaries

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Medicaid/BadgerCare enrollees in each age cohort (age less than 1 year, 1 to 2 years, 3 to 5 years, 6 to 14 years and 15 to 20 years) continuously enrolled with the same Health Maintenance Organization (HMO) for at least 304 days immediately prior to the measure end date with no more than one gap in enrollment of not more than 45 days. The enrollee must have a total of not less than 259 enrolled days in the look-back period.

Exclusions

Unspecified

DENOMINATOR (INDEX) EVENT

Patient Characteristic

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Children in each denominator age cohort who received at least one non-HealthCheck, well-child examination or at least one non-HealthCheck, non-well-child encounter (i.e., acute illness; non-preventive and not routine physical exam) in the look-back period*

*Clinical Criteria: Current Procedure Terminology (CPT-4 and CPT 2001) codes: 99201-99205, 99211-99215, 99241-99245, 99271-99275, 99381-99385, 99391-99395

Exclusions

Unspecified

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data

LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors, geographic factors, etc.)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

Five age cohorts are reported:

- Less than 1 year
- 1 to 2 years
- 3 to 5 years
- 6 to 14 years
- 15 to 20 years

STANDARD OF COMPARISON

External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

This measure was tested and validated by an independent third party and subject to internal review in 2002.

EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Innovative Resources Group (IRG). Measure testing/validation reports for MEDDIC-MS. Brookfield (WI): Innovative Resources Group (IRG); 2002.

Identifying Information

ORIGINAL TITLE

Child health: non-HealthCheck ambulatory and well-child encounters, by age cohort.

MEASURE COLLECTION

[MEDDIC-MS \(Medicaid Encounter Data Driven Improvement Core Measure Set\). Rapid-cycle performance improvement measures system for Medicaid managed care.](#)

MEASURE SET NAME

[MEDDIC-MS \(Medicaid Encounter Data Driven Improvement Core Measure Set\). Measures applicable to AFDC/HS \(Medicaid\) and SCHIP \(BadgerCare\).](#)

MEASURE SUBSET NAME

[Monitoring Measures](#)

DEVELOPER

State of Wisconsin, Department of Health and Family Services

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2003 Jan

REVISION DATE

2004 Apr

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Department of Health and Family Services, Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS. Medicaid encounter data driven improvement core measure set. Madison (WI): State of Wisconsin; 2004 Apr. 42 p.

MEASURE AVAILABILITY

The individual measure, "Child Health: Non-HealthCheck Ambulatory and Well-child Encounters, by Age Cohort," is published in "Medicaid Encounter Data Driven Improvement Core Measure Set (MEDDIC-MS)."

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COMPANION DOCUMENTS

The following are available:

- Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 1, 2002 HMO aggregate performance data. Wisconsin Medicaid and BadgerCare programs. Madison (WI): Wisconsin Department of

- Health and Family Services; 2004 Feb 1. 31 p. This document is available in Portable Document Format (PDF) from the [Wisconsin Medicaid Managed Care Web site](#).
- Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 2, 2002 HMO performance data. Medicaid program data and BadgerCare program data compared. Madison (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 25 p. This document is available in PDF from the [Wisconsin Medicaid Managed Care Web site](#).
 - Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 3, 2002 HMO-specific performance data. Wisconsin Medicaid and BadgerCare programs. Madison (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 36 p. This document is available in PDF from the [Wisconsin Medicaid Managed Care Web site](#).

NQMC STATUS

This NQMC summary was completed by ECRI on February 1, 2005. The information was verified by the measure developer on February 7, 2005.

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Date Modified: 5/29/2006

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